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NOV 29 2004

## FAX TRANSMISSION

**DATE:** November 29, 2004

**PTO IDENTIFIER:** Application Number 09/727,207-Conf. #2829  
Patent Number

**Inventor:** Dimitri P. Zafiroglu

**MESSAGE TO:** US Patent and Trademark Office / MS AF

**FAX NUMBER:** (703) 872-9306

**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP  
Myron Keith Wyche

**PHONE:** (202) 331-7111

**Attorney Dkt. #:** 10253-00136-US

**PAGES (Including Cover Sheet):** 16

**CONTENTS:** Request for Recosideration After Final Rejection (12 pages)  
Fee Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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Certificate of Transmission (1 page)

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PTO/SB/07 (08-04)

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Application No. (if known): 09/727,207

Attorney Docket No.: 10253-00136-US

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Request for Reconsideration After Final Rejection (12 pages);  
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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known	
Application Number	09/727,207-Conf. #2829
Filing Date	November 30, 2000
First Named Inventor	Dimitri P. Zafiroglu
Examiner Name	J. L. Goff
Art Unit	1733
Attorney Docket No.	10253-00136-US

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)																			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	2. EXTRA CLAIM FEES																			
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None	<table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>18</td> <td>9</td> </tr> <tr> <td>Each independent claim over 3</td> <td>88</td> <td>44</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>18</td> <td>9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>88</td> <td>44</td> </tr> </tbody> </table>			Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44
Fee Description	Fee (\$)	Small Entity Fee (\$)																				
Each claim over 20	18	9																				
Each independent claim over 3	88	44																				
Multiple dependent claims	300	150																				
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For Reissues, each independent claim more than in the original patent	88	44																				
<input type="checkbox"/> Deposit Account Number 22-0185 <input type="checkbox"/> Deposit Account Name Connolly Bove Lodge & Hutz LLP			Total Claims	Extra Claims	Fee Paid (\$)																	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			- 20 or HP =	x																		
To the above-identified deposit account. <input type="checkbox"/> Other (please identify):			HP= highest number of total claims paid for, if greater than 20																			
			Indep. Claims	Extra Claims	Fee Paid (\$)																	
			- 3 or HP =	x	=																	
			HP= highest number of independent claims paid for, if greater than 3																			
			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																	
			Subtotal (2) \$	0.00																		
			3. OTHER FEES																			
			<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>																	
			1-month extension of time	110	55																	
			2-month extension of time	430	215																	
			3-month extension of time	980	490																	
			4-month extension of time	1,530	765																	
			5-month extension of time	2,080	1,040																	
			Information disclosure stat. Fee	180	180																	
			37 CFR 1.17(q) processing fee	50	50																	
			Non-English specification	130	130																	
			Notice of Appeal	340	170																	
			Filing a brief in support of appeal	340	170																	
			Request for oral hearing	300	150																	
			Other:																			
			Subtotal (3) \$	110.00																		

## SUBMITTED BY

Signature	<i>Myron Keith Wyche</i>	Registration No. (Attorney/Agent)	47,341	Telephone	(202) 331-7111
Name (Print/Type)	Myron Keith Wyche	Date	November 29, 2004		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Dimitri P. Zafiroglu

Application No.: 09/727,207

Group Art Unit: 1733

Filed: November 30, 2000

Examiner: Goff II, J. L.

For: PROCESS FOR BONDING OF STITCHED  
CARPETS

REQUEST FOR RECONSIDERATION AFTER FINAL REJECTION

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated July 29, 2004, please consider the remarks below concerning the above-identified U.S. Patent application as follows:

AMENDMENTS TO THE CLAIMS are reflected in the LIST OF CLAIMS that begins on page 2.  
REMARKS begin on page 4 of this paper.